I N	Agenc	y Name	e WIM	VSTON-SALEN] IN	INCIDENT/INVESTIGATION							OCA 2224309						
C I	ORI	NC				1	REPORT								Date / Time Reported SMTWFFS Month Day Yr Time				
D E	10		NC 034					│ │ Att │ At Found │ S M T W 囯 F S Month Day Yr Time							Day YF Time O5 19 2022 16.46 Hrs. Last Known Secure S M T W T F S Month Day Yr Time O5 O5 O5 O5 O5 O5 O5 O				
N T	#1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, & Run Acciden	t-pp	Or Pva		_	Com	Month 05				ime :46 Hrs			Day Yr 🖰	Time $16:46$ Hrs.	
D	#2	Crime I	ncident		FF				-	Location			110	.40	7 03		/	Offense Tract	
A		7 T	ncident					_	Com 2805 Reynolda Rd, Winston-sail						lem N	1 NC 27106 123 Victim Residence Type			
T A	#3	Jime I	ncident						Com	Premise	1 ype					- 1		nce Type ly ∏Multi Family	
МО			d or Con					!					Forcible Yes	▼ N/A	We	apon / Tools	· -		
WO			MITTEL)										□ No					
	# of Victims Type																		
V	0		Rel	igious 🔲 L.E. Off	icer I	Line of Du			know	. –		nal 🔲			Other		r N		
I C		Victim/	Business	Name (Last, First,	Victim of DOB Crime #					3 / Age	Race	Sex	Relationship To Offender	Resident Status Resident					
T I	V1		DA	TA OMITTED							ane "						☐ Non-Residen		
M	Home	Addre	ess									Hon	ne Phone	Unknown					
	DATA OMI														Due'r ee Die ee				
					A OMITTED							Business Phone							
	VYR	M	ake	Model	Sty	yle	Color		Lic	/Lis				Vin					
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered f recovered for othe	D = I r juri	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = C$	Counte	erfeit / F	orged	F = Foun	d				
	Victim					QTY	Property Description								Mak	e/Mo	odel S	erial Number	
- - P - R																	DA	ATA OMITTED	
					_												IN	FOR NFORMATION	
					+												11	SECURITY	
ο .																		PURPOSES	
P :																			
R					_													NLY THE FIRST	
Т Ү .					+												TWEL	VE PROPERTY ITEMS ARE	
					\dashv												D	ISPLAYED ON	
-					\dashv													P2C REPORTS	
			ehicles S			nber Vehic	cles Recovere		0					<u> </u>	G.				
ID	Office SMI		. B. (16	ID 5051)	Officer Sig	natur 	e 					Supervisor (0)	or Signature						
	Complainant Signature Case St								S Case Disposition:						-4- 1		_ = =		
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	red				by Ar	rest Loc rest by And	Refuse other Ag	gency	ooperate	Page 1	